

<b>SCC eFile</b>	<b>2013 ANNUAL REPORT</b> <b>COMMONWEALTH OF VIRGINIA</b> <b>STATE CORPORATION COMMISSION</b>	<b>213516305</b>		
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME:  <b>JAMES MADISON UNIVERSITY RESEARCH AND DEVELOPMENT CENTER, INC.</b></p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:  <b>ROBERT ELIASON</b>  <b>JMU - COLLEGE OF BUSINESS</b>  <b>421 BLUESTONE DRIVE, MSC 0204</b>   <b>HARRISONBURG, VA</b></p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE:  <b>HARRISONBURG CITY (FILED IN ROCKINGHAM COUNTY)</b></p> <p>4.) STATE OR COUNTRY OF INCORPORATION:  <b>VA</b></p> </div> <div style="width: 35%;"> <p>DUE DATE: <b>4/30/2013</b></p> <p>SCC ID NO: <b>03377959</b></p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED
CLASS	AUTHORIZED			
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="text-align: center;">ADDRESS: CTR FOR PROFESSIONAL DEV JAMES MADISON UNIVERSITY, MSC 0204</p> <p style="text-align: center;">CITY/ST/ZIP: HARRISONBURG, VA 22807</p>				
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS:      All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: JOHN KNIGHT  TITLE: TREASURER  ADDRESS: JAMES MADISON UNIVERSITY  OFFICE OF FINANCE, MSC 5719  CITY/ST/ZIP/CO: HARRISONBURG, VA 22807 </td> <td style="width: 50%; vertical-align: top; text-align: right;"> <input checked="" type="checkbox"/> OFFICER      <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: JOHN KNIGHT TITLE: TREASURER ADDRESS: JAMES MADISON UNIVERSITY OFFICE OF FINANCE, MSC 5719 CITY/ST/ZIP/CO: HARRISONBURG, VA 22807	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
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<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: MARIBETH HEROD  TITLE: VICE PRESIDENT  ADDRESS: JAMES MADISON UNIVERSITY  COLLEGE OF BUSINESS, MSC 0204  CITY/ST/ZIP/CO: HARRISONBURG, VA 22807 </td> <td style="width: 50%; vertical-align: top; text-align: right;"> <input checked="" type="checkbox"/> OFFICER      <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: MARIBETH HEROD TITLE: VICE PRESIDENT ADDRESS: JAMES MADISON UNIVERSITY COLLEGE OF BUSINESS, MSC 0204 CITY/ST/ZIP/CO: HARRISONBURG, VA 22807	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JERRY BENSON PRESIDENT JAMES MADISON UNIVERSITY ACADEMIC AFFAIRS MSC 7607 HARRISONBURG, VA 22807	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	IRVINE CLARKE, III DIRECTOR JAMES MADISON UNIVERSITY COLLEGE OF BUSINESS, MSC 0207 HARRISONBURG, VA 22807	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MIKE BATTLE DIRECTOR JAMES MADISON UNIVERSITY COLLEGE OF BUSINESS, MSC 0204 HARRISONBURG, VA 22807	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	FRANK MARVIN DIRECTOR JAMES MADISON UNIVERSITY COLLEGE OF BUSINESS, MSC 0204 HARRISONBURG, VA 22807	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ ROBERT ELIASON SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	ROBERT ELIASON, SECRETARY PRINTED NAME AND CORPORATE TITLE	4/1/2013 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			